

SAN JOAQUIN COUNTY

CHILDREN & FAMILIES
COMMISSION

San Joaquin County Children and Families Commission Appendices to Strategic Plan for 2002-2005

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Appendix A: Secondary Data Indicator Report

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DEMOGRAPHICS

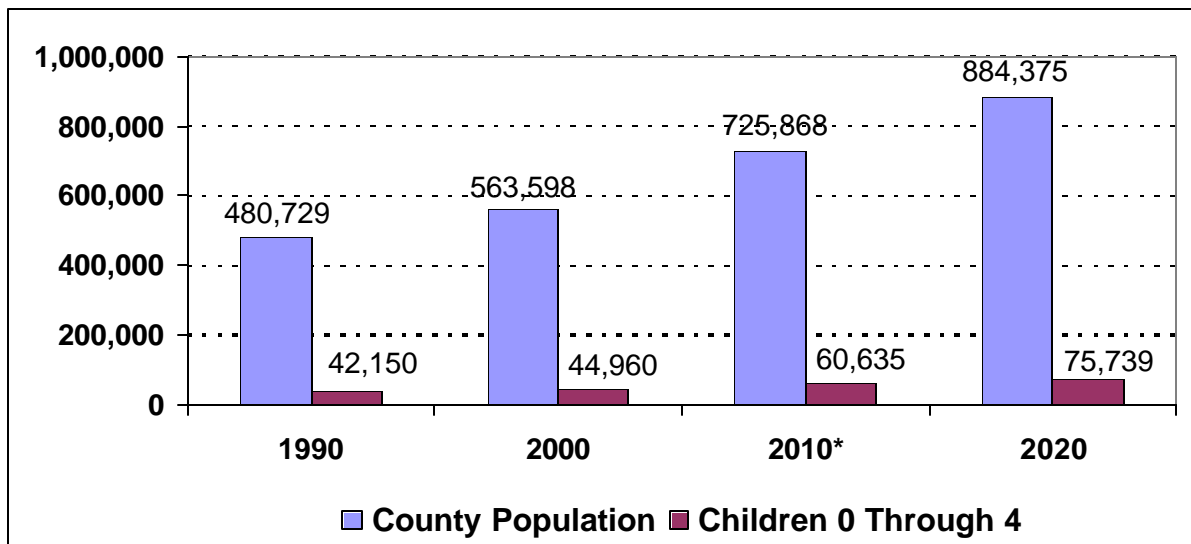
POPULATION

San Joaquin County's population grew by over 82,000 new residents, representing an increase of 17%, between 1990 and 2000, compared with a rate of growth of 14% for California during the same period. San Joaquin County's population is expected to continue growing significantly during the coming decades, with an estimated 162,000 new residents by 2010. The population is evenly divided between males and females.

US Census figures reveal that the number of children between the ages of 0 through 4 grew by 2,810 between 1990-2000, representing an increase of 6.7%. California Department of Finance projections estimate an increase of 15,675 children 0 through 4 between 2000 and 2010 (an increase of 35%), and an additional increase of 15,104 (25%) between 2010 and 2020.

Exhibit 1

San Joaquin County Population Growth, 1990-2020



Source: U.S. Census Bureau and Department of Finance, Demographic Research Unit.

* 2010 and 2020 Projections are from the Department of Finance.

Exhibit 2

Children Ages 0 Through 4 Population Change, San Joaquin County, 1990-2020					
Age Group	1990	2000	% Change 1990-2000	2010	2020
0 Through 4	42,150	44,960	6.7%	60,635	75,739

Source: U.S. Census Bureau and Department of Finance Demographic Research Unit.

*1990 and 2000 figures are from the US Census Bureau, 2010 and 2020 projections are from the California Department of Finance.

There are nearly 45,000 children ages 0 through 4 in San Joaquin County, representing 8% of the total population. Cities with the highest proportion of children 0 through 4 are Tracy, Lathrop and Stockton.

Exhibit 3

Children Ages 0 Through 4 by City, San Joaquin County, 2000		
City/Region	Under 5 Years	% Age 0 Through 4
Escalon	375	6.3%
Lathrop	919	8.8%
Lodi	4,495	7.9%
Manteca	3,716	7.5%
Ripon	707	7.0%
Stockton	20,977	8.6%
Tracy	5,360	9.4%
Unincorporated	8,157	6.1%
Linden	70	6.3%
Lockeford	184	5.8%
County Total	44,960	8.0%

Source: U.S. Census 2000 and Bay Area Census, ABAG.

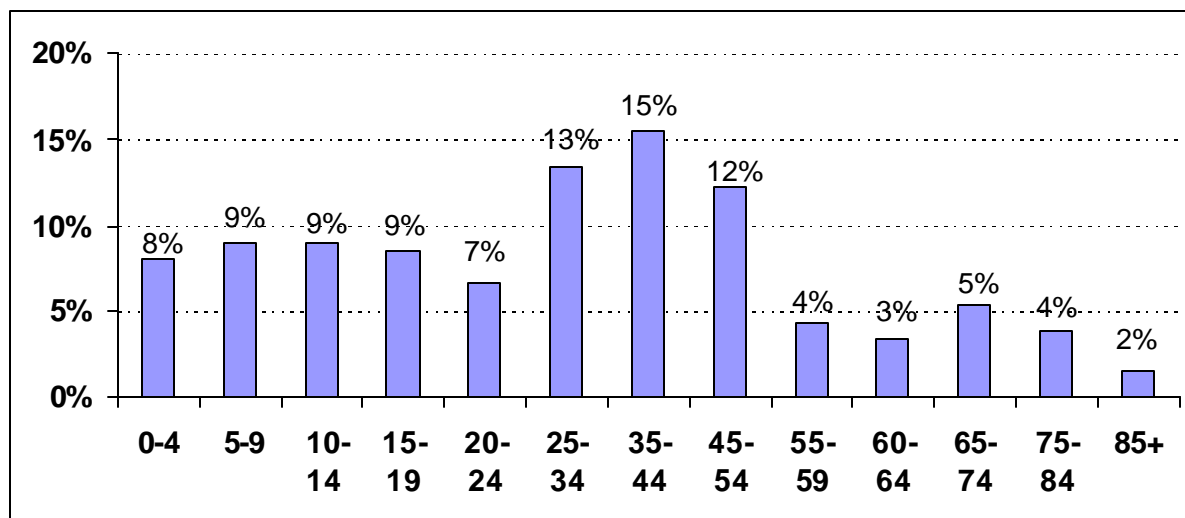
Exhibit 4

Children Ages 0 Through 4 Population Change by City, San Joaquin County, 1990 and 2000

City	Under 5 Years, 1990	Under 5 Years, 2000	% Change 1990-2000
Escalon	337	375	11.3%
Lathrop	637	919	44.3%
Lodi	4,026	4,495	11.6%
Manteca	3,790	3,716	-2.0%
Ripon	722	707	-2.1%
Stockton	19,831	20,977	5.8%
Tracy	3,458	5,360	55.0%
Linden	121	70	-42.1%
Lockeford	212	184	-13.2%

Source: U.S. Census Bureau.

Exhibit 5
Age Distribution, San Joaquin County, 2000



Source: U.S. Census Bureau, 2000.

Exhibit 6

**San Joaquin Population Estimates by Age and Percent Change, San Joaquin County
2000-2010**

Age	2000	2010*	% Change 2000-2010
0 Through 4	44,960	60,635	34.86%
5-9	50,511	56,809	12.47%
10-14	49,896	54,990	10.21%
15-19	47,915	57,912	20.86%
20-24	37,668	54,962	45.91%
25-34	75,540	100,714	33.33%
35-44	86,601	90,576	4.59%
45-54	68,748	93,147	35.49%
55-59	24,771	40,116	61.9%
60-64	19,039	33,293	74.9%

**San Joaquin Population Estimates by Age and Percent Change, San Joaquin County
2000-2010**

Age	2000	2010*	% Change 2000-2010
65-74	30,673	42,998	40.18%
75-84	21,619	26,358	21.92%
85+	8,846	13,358	51.0%

Source: U.S. Census Bureau, 2000 and California Department of Finance, Demographic Research Unit.

*Projections are from the California Department of Finance, Demographic Research Unit.

RACE/ETHNICITY

In keeping with general population trends, the population of children ages 0 through 4 in San Joaquin County is becoming increasingly diverse. The percentage of Caucasian and Asian/Pacific Islander children has fallen during the past decade, while the proportion of Hispanic and African-American children as a percentage of the population has increased.

Exhibit 7

Children Ages 0 Through 4 Population by Race, San Joaquin County, 2000 Estimate		
Race	2000	Percent of 2000 Total
Hispanic	17,695	37.4%
Caucasian	18,271	38.6%
Asian/Pacific Islander	7,789	16.4%
African American	3,281	6.9%
Native American	340	0.7%
Total	47,376*	100.0%

Source: California Department of Finance, Demographic Research Unit.

* Since 2000 Census figures for age and ethnicity were not available at the time of writing this report, 2000 Department of Finance estimates were used instead.

In keeping with general population trends, the kindergarten population has become increasingly diverse. In the 1998-1999 school year, Caucasian and Hispanic children comprised 36% and 38% of the total kindergarten population respectively. In the 2000-2001 school year, the proportion of Hispanic children increased to 41%, while the proportion of Caucasian children decreased to 34%.

Exhibit 8

Number of Children Enrolled in Kindergarten by Race, San Joaquin County Public Schools, 1998-2001			
Race	1998-1999	1999-2000	2000-2001
Hispanic	3,208	3,291	3,703
Caucasian	3,099	3,182	3,134
Asian	1,037	935	911
Pacific Islander	54	46	47

Number of Children Enrolled in Kindergarten by Race, San Joaquin County Public Schools, 1998-2001

Race	1998-1999	1999-2000	2000-2001
Filipino	307	303	367
African American	729	803	773
Native American	89	86	114
Multiple or No Response	4	19	44
Total	8,527	8,665	9,093

Source: California Department of Education, Educational Demographics Unit.

HOUSEHOLD STRUCTURE

There are over 180,000 households in San Joaquin County, of which 74% are families. Over 45% of all households include children under the age of 18. There are nearly 16,000 single-mother households in San Joaquin County, representing nearly 9% of all households. The average family size in San Joaquin County is 3.48 individuals, which is compared to the average of 3.43 for California.

Exhibit 9

Household Structure, San Joaquin County and California, 2000

	<i>San Joaquin County</i>		<i>California</i>
	Number	Percent of Total Households	Percent of Total Households
Total Households	181,629		
Households with Children Under 18	82,308	45.3%	39.7%

Household Structure, San Joaquin County and California, 2000

	<i>San Joaquin County</i>		<i>California</i>
	Number	Percent of Total Households	Percent of Total Households
San Joaquin: Single Mother Households with Own Children Under 18	15,959	8.8%	7.3%
San Joaquin: Average Family Size	3.48	(X)	3.43

Source: U.S. Census Bureau.

Family size varies somewhat within San Joaquin County. The largest families are found in Lathrop, Stockton and Tracy.

Exhibit 10

Family Size by City, San Joaquin County, 2000.

City	Average Family Size
Escalon	3.31
Lathrop	3.82
Lodi	3.25
Manteca	3.39
Ripon	3.37
Stockton	3.59
Tracy	3.56
Linden	3.21
Lockeford	3.26

Family Size by City, San Joaquin County, 2000.

City	Average Family Size
County Average	3.48

Source: U.S. Census Bureau.

The percentage of female-headed households varies considerably by city. The highest percentages of single mothers are found in the unincorporated areas, Stockton, Lodi and Manteca.

Exhibit 11

Female-Headed Households with Children Under 18 with No Husband Present by City, San Joaquin County, 2000

City	Number of Female-Headed Households with Children Under 18	Percent of City Total of Families
Escalon	148	9.3%
Lathrop	224	9.0%
Lodi	1,629	11.4%
Manteca	1,360	10.9%
Ripon	209	7.8%
Stockton	8,811	15.7%
Tracy	1,246	8.7%
Linden	29	9.2%
Lockeford	56	6.5%
County Total	15,959*	8.8%

Source: U.S. Census Bureau.

* County total is greater than the sum of the cities because the county total includes female-headed households with children under 18 in unincorporated areas.

FAMILY ECONOMICS

MEDIAN HOUSEHOLD INCOME

While median household income increased in virtually all parts of San Joaquin County between 1990 and 1999, median income levels remain very low in some areas.

Exhibit 12

Median Household Income Ranges by City, San Joaquin County, 1990 and 1999			
City	1990	1999	% Change 1990-1999
Escalon	32,490	37,673	15.9%
Lathrop	32,231	36,369	12.8%
Lodi	26,448 - 39,832	31,145 - 48,336	17.8% - 21.3%
Manteca	32,752 - 36,048	40,026 - 42,698	22.2% - 18.4%
Ripon	34,456	41,372	20.1%
Stockton*	9,904 - 102,381	11,413 - 125,893	15.2% - 23.0%
Tracy	23,750 - 39,786	31,875 - 50,837	34.2% - 27.8%
Unincorporated	21,250 - 35,682	23,250 - 45,139	9.4% - 26.5%
Acampo	36,468	44,920	23.2%
Linden	32,830	39,623	20.7%
Lockeford	32,772	38,833	18.5%
Woodbridge	39,688	47,868	20.6%
Victor	40,446	50,921	25.9%
Thorton	26,900	29,605	10.1%

Source: Claritas Health Care Solution Zip Code Data.

* See Stockton breakdown, following exhibit.

Exhibit 13

Median Income by Zip Code, City of Stockton, 1999 Estimates		
City of Stockton Zip Code Area	Highest Median Income per Zip Code Area	Lowest Median Income per Zip Code Area
95207, 95211	125,893	30,863
95202, 95203, 95204, 95205	32,959	11,413
95215	27,688	Not Available*
95209, 95210	55,939	39,429
95219	45,921	Not Available*
95201, 95206	28,029	Not Available*
95208, 95212, 95213, 95267, 95269, 95290, 95296, 95298	43,033	Not Available*

Source: Claritas Health Care Solution Zip Code Data.

* There is only one zip code for this area.

CHILDREN LIVING IN POVERTY

According to the U.S., Census 27.3% of children under 18 in San Joaquin County were living in poverty in 1997 (most recent available data), which is higher than the rate of 24.6% of children in California. Poverty rates for children are significantly higher than rates for adults (18.8% for San Joaquin County adults and 16.0% for California adults).

Since poverty guidelines are generally considered lower than the actual amount of income required to support a family, a useful indicator of the percent of low-income children is the number of children receiving free or subsidized school meals. Overall, 47.8% of all children in San Joaquin County received free or subsidized meals during the 1998-1999 school year, which is virtually equivalent to the rate for California (47.6%). School districts with the highest percentage of children receiving free or subsidized meals are Holt Union Elementary, New Hope Elementary, Delta Island Union Elementary and Stockton Unified.

Exhibit 14

Students Receiving Free or Subsidized School Meals by School District, San Joaquin County, 1998-1999

District	Count	As % of Enrollment of the District
Holt Union Elementary	176	94.6%
New Hope Elementary	209	93.7%
Delta Island Union Elementary	141	82.9%
Stockton Unified	24,303	67.3%
Lodi Unified	12,722	48.7%
Banta Elementary	126	45.8%
Lincoln Unified	3,688	43.3%
Linden Unified	1,020	43.2%
New Jerusalem Elementary	91	40.6%
Escalon Unified	1,072	34.9%
Oak View Union Elementary	113	34.0%
Manteca Unified	5,755	33.7%
Lammersville Elementary	88	28.7%
Ripon Unified	733	25.0%
Tracy Joint Unified	2,665	22.1%
Jefferson Elementary	106	12.6%
Total County	53,008	47.8%

Source: Education Data Partnership, *Fiscal, Demographic, and Performance Data on California's K-12 Schools*.

Exhibit 15

Population Living in Poverty, San Joaquin County, 1997 Estimates		
	Estimate	Percent
All People Living In Poverty	101,876	18.8%
People Under 18 Living In Poverty	47,244	27.3%
Related Children 5-17 Living In Poverty	33,542	27.5%
Children Under 5 Living In Poverty	13,702	28.1% *

Source: U.S. Census Bureau.

* Calculated using 1997 population estimates from the U.S. Census Bureau.

Exhibit 16

Population Living in Poverty, California, 1997 Estimates		
	Estimate	Percent
All People Living In Poverty	5,195,477	16.0%
People Under 18 Living In Poverty	2,223,674	24.6%
Related Children 5-17 Living In Poverty	1,487,239	23.6%
Children Under Age 5 Living In Poverty	679,921	26.0%

Source: U.S. Census Bureau.

CHILDREN RECEIVING TANF

Temporary Assistance to Needy Families (TANF) provides services and aid to poor families. These services may include welfare-to-work programs, child care, child support, cash assistance, food stamps and/or Medi-Cal, among others. San Joaquin County TANF data indicate that among children ages 0 through 4, children ages 3-4 comprise the largest group receiving TANF as of April 1999 (43% of all children 0 through 4 receiving TANF). Within the city of Stockton among children ages 0 through 4 receiving TANF, the largest proportion live in Central Stockton (35%).

Exhibit 17

Children Receiving TANF, San Joaquin County, April 1999					
	<1 Year	1 year	2 years	3-4 years	5 years
Escalon	6	10	4	19	18
Lathrop	21	20	17	50	27
Lodi	178	208	227	449	208
Manteca	118	153	133	313	164
Ripon	12	16	11	33	12
Stockton	1,578	1,769	1,973	4,036	2,024
Tracy	63	90	70	188	96
Unincorporated	13	12	14	43	14
Acampo	17	19	12	29	7
Linden	4	6	4	8	2
Lockeford	4	3	6	15	12
Woodbridge	8	10	7	18	7
Victor	2	1	2	3	2
Thorton	4	4	7	20	10

Total County	2,028	2,321	2,487	5,224	2,603
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Source: Status of Child Care and Development Services in San Joaquin County, 2000.

Exhibit 18

Children Receiving TANF by Zip Codes, City of Stockton, April 1999					
	<1	1 year	2 years	3-4 years	5 years
95207, 95211	253	302	328	731	333
95202, 95203, 95204, 95205	608	634	718	1,356	677
95215	80	74	95	187	97
95209, 95210	296	346	401	841	471
95219	23	32	37	88	36
95201, 95206	312	373	385	813	393
95208, 95212, 95213, 95216, 95267, 95269, 95290, 95296, 95298	6	8	9	20	17
Total Stockton	1,578	1,769	1,973	4,036	2,024
Total County	2,028	2,321	2,487	5,224	2,603

Source: Status of Child Care and Development Services in San Joaquin County, 2000.

EDUCATION

EDUCATIONAL ATTAINMENT OF ADULTS OVER AGE 25

Adult educational attainment is closely correlated with income and other factors associated with child well-being. Educational attainment in San Joaquin County is considerably lower than statewide averages. Overall, 13% of County residents have a BA or graduate degree, compared with 24% statewide. Conversely, 31% of the population has not completed high school, compared with 23% in California. The cities and towns with the highest rates of no high school degree are Thorton, Lathrop, Stockton and Victor.

Exhibit 19

Educational Attainment of Adults over Age 25, San Joaquin County, 1999				
City/Region	No High School Degree	High School Degree	Some College	BA or Graduate Degree
Escalon	15.6%	29.5%	37.3%	17.6%
Lathrop	21.5%	37.9%	33.9%	6.7%
Lodi	16.0%	33.4%	34.8%	15.8%
Manteca	13.1%	38.3%	36.7%	11.9%
Ripon	12.7%	34.7%	36.7%	15.8%
Stockton	20.6%	26.6%	35.3%	17.5%
Tracy	12.0%	32.7%	40.1%	15.1%
Unincorporated Areas	18.1%	34.7%	35.0%	12.2%
Acampo	15.6%	37.2%	34.2%	13.1%
Linden	17.6%	30.2%	34.7%	17.4%
Lockeford	14.5%	32.2%	37.9%	15.3%

Educational Attainment of Adults over Age 25, San Joaquin County, 1999				
City/Region	No High School Degree	High School Degree	Some College	BA or Graduate Degree
Woodbridge	NA	NA	NA	NA
Victor	18.8%	23.1%	41.9%	16.1%
Thorton	29.8%	34.1%	27.2%	8.9%
County Total	31.2%	25.6%	30.0%	13.2%
State Total	23.4%	22.3%	30.7%	23.6%

Source: Claritas Health Solution Data.

Educational attainment varies significantly within the City of Stockton as well. The highest educational levels are found in Northwest Stockton, where 38% of the population has a college degree, while the lowest levels are found in Southwest Stockton, where 42% of the population has not completed high school.

Exhibit 20

Educational Attainment of Adults over Age 25 by Zip Code, City of Stockton, 1999				
Stockton	No High School Degree	High School Degree	Some College	BA or Graduate Degree
95207, 95211	12.6%	26.0%	38.2%	23.2%
95202, 95203, 95204, 95205	25.4%	28.6%	32.4%	13.6%
95215	30.0%	33.1%	28.7%	8.3%
95209, 95210	12.7%	25.4%	43.2%	18.7%
95219	2.6%	16.5%	42.45	38.4%
95201, 95206	41.9%	26.8%	23.8%	7.9%
95208, 95212, 95213, 95267, 95269, 95290, 95296, 95298	9.6%	32.0%	33.4%	25.0%

Stockton	20.6%	26.6%	35.3%	17.5%
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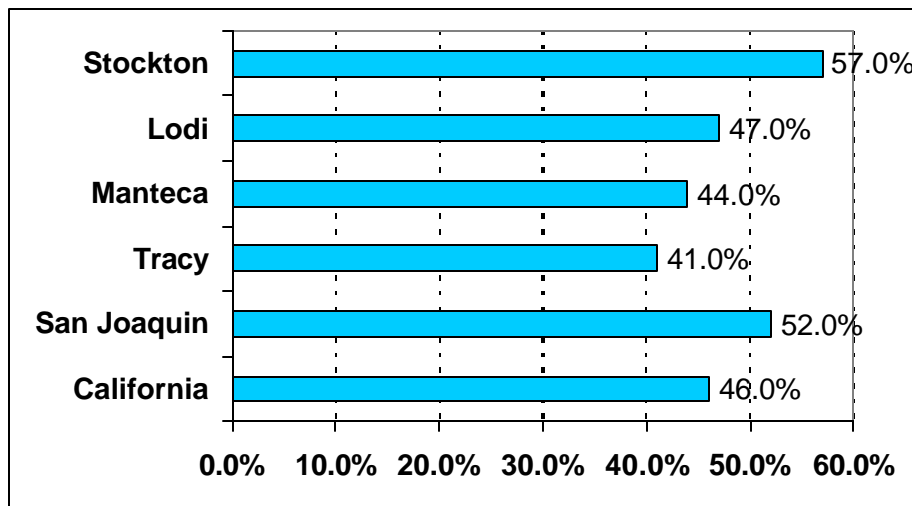
Source: Claritas Health Solution Data.

ADULT LITERACY

Low literacy levels affect adults' employment options, their ability to help their children be ready for school and their ability to access services, among others. All of these impacts are associated with negative outcomes for young children. San Joaquin County overall has a higher rate of adults with low literacy levels than the state overall (52% compared with 46% respectively). Stockton has much higher rates of adults with low literacy than the other main cities (57% in Stockton compared with 41%, 44% and 47% in Tracy, Manteca and Lodi respectively).

Exhibit 21

Percent of Adults with Literacy at Level 1 or 2,* by Select Cities, San Joaquin, Based on 1990 Census



Source: CASAS, www.casas.org and Literacy Volunteers, www.literacyvolunteers.org.

*Level 1 literacy means that an adult “can read a little but not well enough to fill out an application, read a food label, or read a simple story to a child.” Adults in Level 2 usually can perform more complex tasks such as comparing, contrasting, or integrating pieces of information, but usually not higher level reading and problem-solving skills.

ACADEMIC PERFORMANCE

A school's Academic Performance Index (API) is based on students' performance on the state achievement exam, which is administered to students in grades 2-11. These scores can range from 200 to 1,000; the target score for the state is 800. Each school is assigned a rank, which is based on how the school compares to other schools statewide, and on how it compares to schools with similar socio-economics. These rankings can range from 1 to 10; a 10 means that the school scored between the 90th and 99th percentiles statewide; similarly, a 1 means that the school scored between the first and the tenth percentile. Alternative and continuation schools are excluded from the ranking, as were schools with less than 100 students tested.

API scores for elementary schools in San Joaquin County reveal a wide range in performance. Of the 76 elementary schools in the county, 38 (50%) were ranked 1, 2 or 3, which is alarmingly high. The Commission will be targeting these schools with API scores of 1, 2 or 3 through its school readiness initiative.

Exhibit 22

Academic Performance Index by Elementary School, Joaquin County, 1999-2000				San
School	School District	API Base	Statewide Rank (1999-2000)	Kindergarten Enrollment (1999-2000)
Holt Elementary	Holt Union Elementary	444	1	16
Heritage Elementary	Lodi Unified	438	1	156
Fillmore Elementary	Stockton City Unified	481	1	115
Garfield Elementary	Stockton City Unified	472	1	43
Monroe Elementary	Stockton City Unified	492	1	75
Nightingale Elementary	Stockton City Unified	487	1	75
Roosevelt Elementary	Stockton City Unified	465	1	100

Academic Performance Index by Elementary School, Joaquin County, 1999-2000				San
School	School District	API Base	Statewide Rank (1999-2000)	Kindergarten Enrollment (1999-2000)
Van Buren Elementary	Stockton City Unified	436	1	79
Clairmont Elementary	Lodi Unified	510	2	91
Lawrence Elementary	Lodi Unified	504	2	98
Oakwood Elementary	Lodi Unified	525	2	105
Parklane Elementary	Lodi Unified	518	2	129
Westwood Elementary	Lodi Unified	539	2	78
El Dorado Elementary	Stockton City Unified	516	2	158
Elmwood Elementary	Stockton City Unified	535	2	123
McKinley Elementary	Stockton City Unified	505	2	126
Montezuma Elementary	Stockton City Unified	504	2	140
Taft (William Howard) Elementary	Stockton City Unified	529	2	70
Taylor Skills Elementary	Stockton City Unified	497	2	98
Victory Elementary	Stockton City Unified	542	2	119
Wilson (Woodrow) Elementary	Stockton City Unified	515	2	63
Delta Island Elementary	Tracy Joint Union	509	2	26
Village Oaks Elementary	Lincoln Unified	582	3	78

Academic Performance Index by Elementary School, Joaquin County, 1999-2000				San
School	School District	API Base	Statewide Rank (1999-2000)	Kindergarten Enrollment (1999-2000)
Creekside Elementary	Lodi Unified	571	3	118
Nichols (Leroy) Elementary	Lodi Unified	558	3	82
Wagner-Holt Elementary	Lodi Unified	573	3	113
French Camp Elementary	Manteca Unified	557	3	99
New Hope Elementary	New Hope Elementary	564	3	22
Adams Elementary	Stockton City Unified	592	3	76
August Elementary	Stockton City Unified	587	3	95
Cleveland Elementary	Stockton City Unified	553	3	122
Grant Elementary	Stockton City Unified	588	3	67
Grunsky Elementary	Stockton City Unified	559	3	119
Hoover Elementary	Stockton City Unified	551	3	101
Kennedy Elementary	Stockton City Unified	554	3	111
King Elementary	Stockton City Unified	561	3	119
Madison Elementary	Stockton City Unified	566	3	126
Washington (George) Elementary	Stockton City Unified	546	3	40
County Total				3,571

Source: California Department of Education, Policy and Evaluation Division.

CHILDREN'S HEALTH

PREVALENCE OF CHILDHOOD DISEASES

Asthma is a chronic disease involving inflammation of the airway that makes breathing difficult. Symptoms may include wheezing, chest tightness, coughing and/or mucous build-up. While asthma can occur at any age and has a higher mortality rate among seniors, it more commonly first occurs in children and youth. Asthma is a leading chronic childhood disease and is among the leading causes of hospital admissions among children in California. Individuals living in urban areas are particularly likely to get asthma and display asthma-like symptoms. There is a strong suspicion of an environmental linkage to asthma. It is not fully understood why asthma develops in some individuals while not affecting others exposed to the same risk factors.

Data on the prevalence of asthma, nationally or locally, is not available. In this absence of prevalence data, asthma hospitalization rates provide an indication of asthma morbidity by measuring a severe though infrequent outcome of this disease. Although asthma hospitalizations are a relatively infrequent event, they account for a large portion of the economic cost associated with asthma. In San Joaquin County, children under the age of five accounted for 161 asthma hospitalizations in 1999, up from 150 in 1997 and 142 in 1998.

Exhibit 23

Asthma Hospitalizations by Age Group, San Joaquin County, 1997-1999

	1997		1998		1999	
	Total Patients Admitted	% of Total Admission	Total Patients Admitted	% of Total Admission	Total Patients Admitted	% of Total Admission
Under 1 Year of Age	30	4.6%	30	3.7%	35	4.5%
1 Through 4 Years of Age	120	18.4%	112	13.8%	126	16.1%

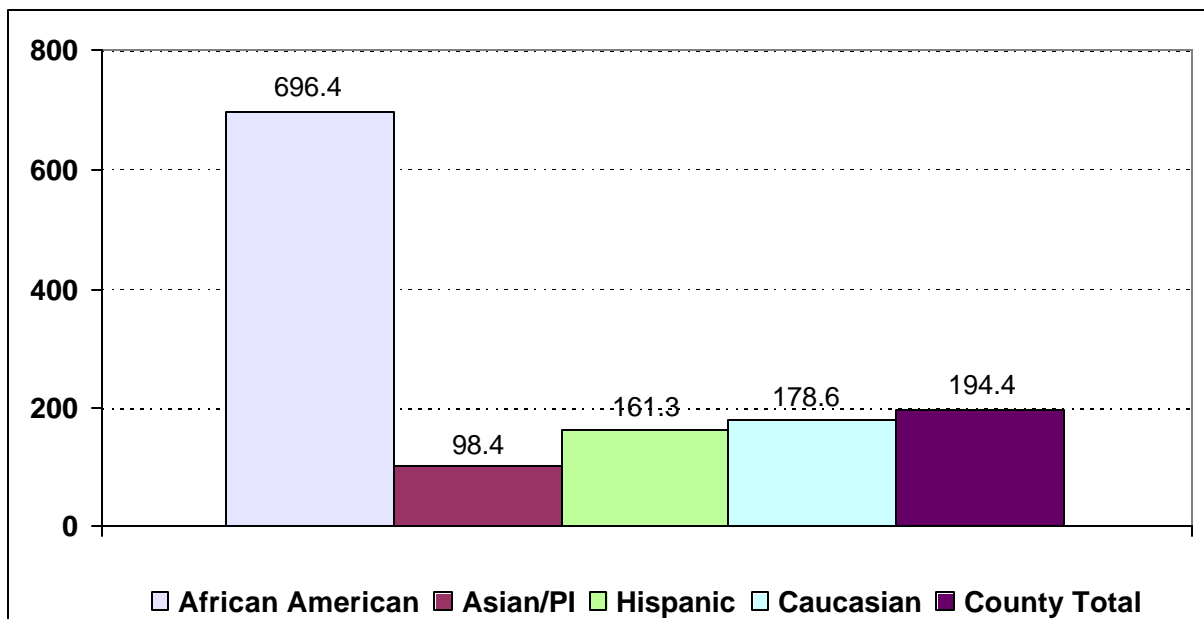
Asthma Hospitalizations by Age Group, San Joaquin County, 1997-1999						
	1997		1998		1999	
	Total Patients Admitted	% of Total Admission	Total Patients Admitted	% of Total Admission	Total Patients Admitted	% of Total Admission
Total 0 Through 4 Years	150	23.0%	142	17.4%	161	20.6%

Source: San Joaquin County Public Health Services, Administration Division.

Rates of hospitalization for children with asthma vary considerably by race/ethnicity. Hospitalization rates for African-American children are over three times higher than the County average, while rates for Caucasian and Hispanic children are slightly below County averages. Conversely, Asian/Pacific Islander children exhibit hospitalization rates of almost half the County average. Asthma hospitalization rates for 0 through 4 years by race/ethnicity are not available.

Exhibit 24

Asthma Hospitalizations per 100,000 Children Under Age 15 by Race/Ethnicity, San Joaquin County, 1996-1998 Average



Source: San Joaquin County Public Health Services, Administration Division.

EMERGENCY ROOM USAGE

Hospital emergency room physicians estimate that perhaps up to 75% of the problems they see in the course of a normal day are not emergencies. Emergency room usage data thus provide some insight into the accessibility of systems of care for preventative care and health management. The most common diagnosis for emergency room usage by children from birth through age 6 is unspecified otitis media, or ear infections. There was also a high number of upper respiratory infections in 2000, which represented an increase from 1999 figures.

Exhibit 25

Principal Diagnoses for Emergency Department Usage, Under One Year of Age, San Joaquin County, 1999-2000		
	1999	2000
Unspecified Otitis Media	287	358
Acute Upper Respiratory Infection Unspecified Site	191	312
Fever	172	169
Unspecified Viral Infection	108	81
Other & Unspecified Noninfectious Gastroenteritis and Colitis	72	64
Acute Bronchitis	51	35
Acute Nonsuppurative Otitis Media	45	41
Pneumonia, Organism Unspecified	36	29
Candidiasis of Mouth	22	28

Source: Health Plan of San Joaquin, *Emergency Department Access Report, 1996-2000*.

Exhibit 26

Principal Diagnoses for Emergency Department Usage, Age 1 to 6 Years, San Joaquin County, 1999-2000

	1999	2000
Unspecified Otitis Media	596	661
Acute Upper Respiratory Infection Unspecified Site	385	498
Fever	298	246
Unspecified Viral Infection	220	155
Acute Bronchitis	135	106
Other & Unspecified Noninfectious Gastroenteritis and Colitis	131	146
Asthma, Unspecified	118	99
Contusion of Face, Scalp, and Neck, Except Eye(s)	97	70
Acute Pharyngitis	94	115
Person with Feared Complaint on Whom No Diagnosis is Made	75	63
Vomiting	58	73

Source: Health Plan of San Joaquin, *Emergency Department Access Report, 1996-2000*.

INJURIES AND ACCIDENTS

Injuries are a significant and preventable public health problem. There were 395 nonfatal hospitalized injuries among children 0 through 4 between 1997 and 1999. Falls accounted for 25% of those injuries, followed by poisoning (23%) and motor vehicle crashes (11%).

Exhibit 27

Top 10 Nonfatal Hospitalized Injuries by Select Age Groups, San Joaquin County, 1997-1999 Total			
Cause of Injury	Less Than 1 Year Old	Ages 1 Through 4	Total 0 Through 4
Fall	18	81	99
Motor Vehicle Crashes	5	39	44
Poisoning, Unintentional	14	75	89
Unintentional, Other	16	25	41
Natural Environmental	6	23	29
Cut/Pierce, Unintentional	1	6	7
Struck by Object, Unintentional	1	14	15
Drowning/ Submersion	2	11	13
Suffocation, Unintentional	4	11	15
Fire/Burn	6	28	34
Assault, Other	3	6	9

Source: California Department of Health Services, Injury Surveillance and Epidemiology Section.

There were 23 fatal injuries among children ages 0 through 4 in 1997 and 1999, six (26%) of which were caused by homicide.

Exhibit 28

Fatal Injuries Among Children 0 Through 4 by Cause of Death, San Joaquin County, 1997-1999 Total

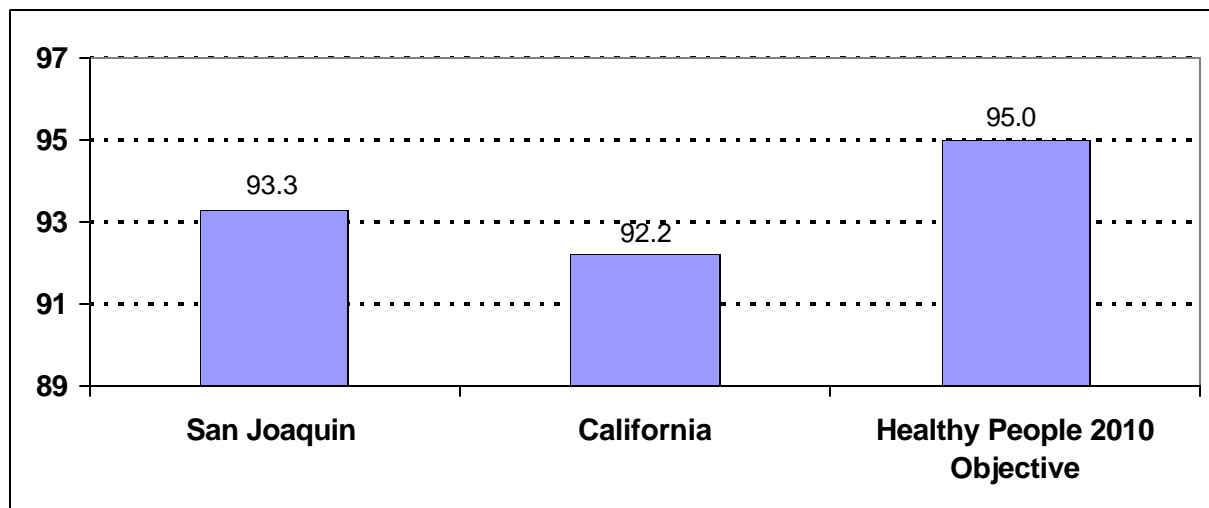
Cause of Death	Number of Deaths
Drowning/Submersion	5
Motor Vehicle Crashes	5
Homicide	6
Fire/Hot Object	2
Suffocation	5
Late Effects	0
Total	23

Source: California Department of Health Services, Death Records.

Immunization is the most effective and inexpensive tool for prevention of communicable diseases; vaccines have resulted in dramatic reductions in the number of reported cases of preventable diseases. Estimates indicate that immunization saves from \$1.70 to \$14.60 for every \$1.00 spent on the particular vaccine (Source: California Department of Health Services, Immunization Branch, 1993). Children in California have specific immunization requirements; these requirements have been successful at ensuring appropriate immunization for children at five years of age (the age at which most children enter kindergarten). At 93.3%, the percentage of children entering kindergarten in 2000 with all required immunizations is higher than the rate for California, but lower than the Healthy People 2010 target rate of 95%.

Exhibit 29

Percent of Entrants Into Kindergarten With All Required Immunizations, San Joaquin County, California, and Healthy People 2010 Objective, 2000



Source: California Department of Health Services, Immunization Branch.

Exhibit 30

Immunization Assessment of Children Enrolled in Child Care Centers, With Follow-Up Needed or Not Needed*, San Joaquin County, 2000

	Age of Child		Follow-up Needed		No Follow-up Needed	
	<2	2-5	#	%	#	%
All Child Care Centers	319	7,554	378	5.0%	7,176	95.0%
Private Child Care Centers	129	3,695	320	8.7%	3,375	91.3%
Public Child Care Centers	157	1,541	16	1.0%	1,525	99.0%
Head Start	33	2,318	42	1.8%	2,276	98.2%

Source: California Department of Health Services, Immunization Branch.

*Follow-up: Child meets or does not meet the following standard: 4+DTP; 3+Polio; 1MMR, 1 Hib, and 3+ Heb-B (Hepatitis-B was required by law as of August 1, 1997).

MENTAL HEALTH

The total number of children (ages 0 to 18) served by Mental Health Services has increased from 1999 to 2001. The largest proportion of children served by Mental Health Services are white (49%), followed by Hispanics (21%) and African Americans (18%). The most common diagnosis for children from 1999 to 2001 is adjustment disorders.

Exhibit 31

Number of Children Served by Mental Health, By Ethnicity, San Joaquin County, 2001-1999				
	2001 Number*	% of Total	2000 Number	% of Total
Asian	169	4.7%	186	5.2%
African American	639	17.8%	605	16.9%
Hispanic	765	21.3%	786	22.0%
Native American	23	0.6%	41	1.1%
Other	226	6.3%	226	6.3%
Pacific Islander	8	0.2%	7	0.2%
White	1,764	49.1%	1725	48.2%
Total	3,594	100%	3,576	100%

Source: San Joaquin County Mental Health.

* These figures are year-to-date.

Exhibit 32

Number of Children Served by Mental Health, San Joaquin County, 2001-1999	
	Client Count
2001*	3,594
2000	3,576
1999	3,031

Source: San Joaquin County Mental Health.
* These figures are year-to-date.

Exhibit 33

Top Five Diagnoses for Children Served by Mental Health, San Joaquin County, 2001-1999*			
	2001**	2000	1999
Adjustment Disorders	3,169	3,017	2,502
Personality Disorders	1,080	841	746
ADHD	826	819	720
Depressive Disorders	484	499	513
Oppositional Defiant Disorder	468	385	272
Total	6,027	5,561	4,753

Source: San Joaquin County Mental Health.

* The figures for each diagnosis do not represent one child; they are duplicated numbers as any one child could have multiple diagnoses.

** These figures are year-to-date.

ACCESS TO HEALTHCARE

While there are no definitive statistics regarding the number of uninsured individuals in San Joaquin County, an estimated 120,000 people, or 22% of the population, do not have any health insurance. An estimated 21,000 children, or nearly 13% of children under the age of 19 lack health insurance. While this figure is unacceptably high, it does compare favorably to the California average of approximately 19% of children lacking insurance during the period 1996-1998.

An additional 10,524 children are enrolled in the Healthy Families program, representing 5.8% of children under the age of 18. However, 6,292 children, or more than half of those currently enrolled, have been deemed ineligible for enrollment in Healthy Families as of June 2001, for reasons such as family income and immigration status.

Exhibit 34

Uninsured Children and Enrollment in Healthy Families, San Joaquin County			
Enrollment in Healthy Families*		Uninsured Children**	
Number	Percent of State	Rate	Range
10,524	2.3%	12%	6-18%

Source: Center for Health and Public Policy Studies, UC Berkeley School of Public Health, Health Insurance Policy Program, *California's Uninsured Children: A Closer Look at the Local Level* and Managed Risk Medical Insurance Board, *Healthy Families Program Subscribers Enrolled by County*.

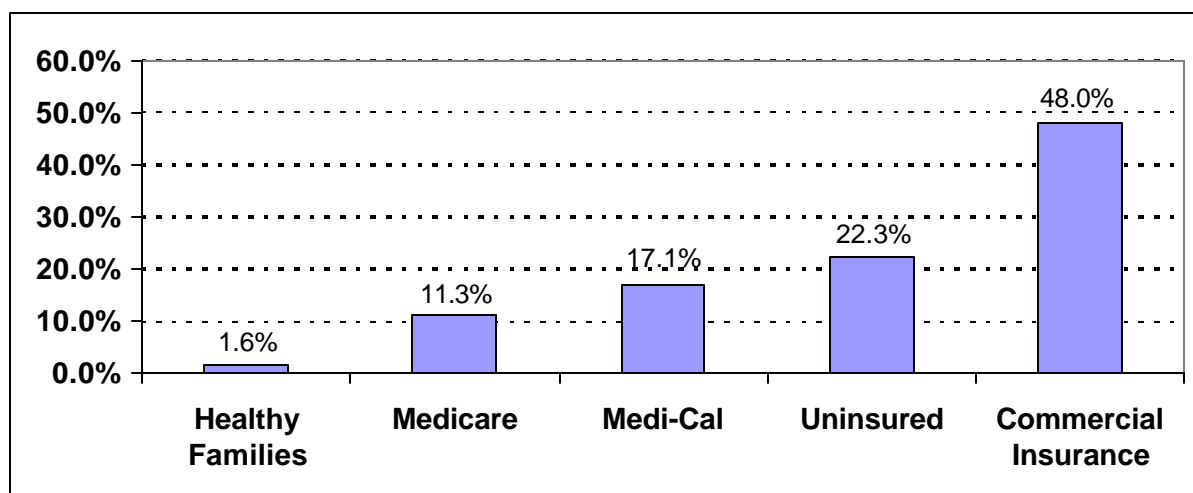
* August 2000-July 2001.

** 1996-1998 Average.

In addition to the uninsured, approximately 50% of San Joaquin County's population has access to health insurance through their place of employment, while nearly 20% have Medi-Cal or Healthy Families, and 11% have access to Medicare. An estimated 75% of individuals eligible for Medi-Cal are currently enrolled.

Exhibit 35

Population with Health Insurance by Type of Coverage,* San Joaquin County, May 2001



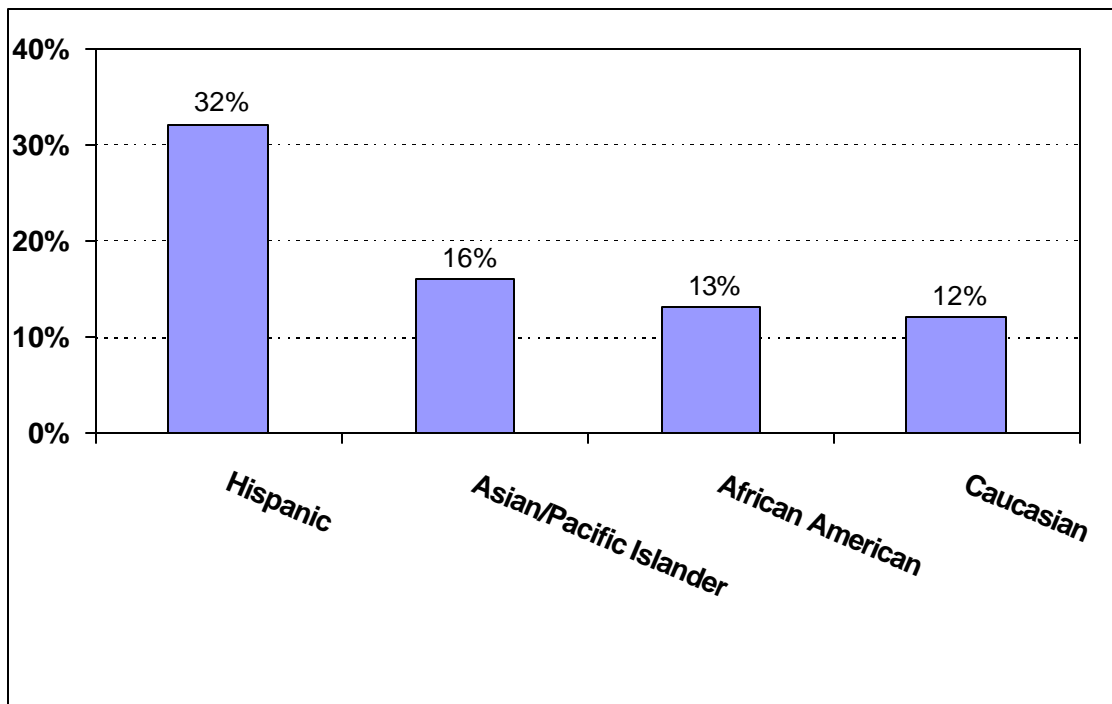
Source: San Joaquin County, Public Health Services.

* Medi-Cal – approximate, all aide codes, January 2001 MEDS Data Analysis; Healthy Families Program – MRMIB April 2001; Medicare – approximate Seniors with Part A & B (Medicare is considered as commercial insurance), approximately 72,000 seniors over 60, Human Services Agency/Joe Chelli and Social Security Department/Richard Stanley; Commercial Insurance and Uninsured – UCLA Study, *The State of Health Insurance in California*, March 2001.

While there are no data regarding the prevalence of uninsured children by race/ethnicity at the County level, data for California indicate that nearly one in three Hispanic children under the age of 18 lack health insurance, followed by Asian/Pacific Islanders, African Americans and Caucasians. These rates may be indicative of the lack of insurance among children of different racial/ethnic groups in San Joaquin County as well.

Exhibit 36

Uninsured Children Ages 0-18 by Ethnicity, California, 1998



Source: University of California, Berkeley, Center for Health and Public Policy Studies and University of California, Los Angeles, Center for Health Policy Research, *The State of Health Insurance in California, 1999*.

REPRODUCTIVE HEALTH

BIRTH RATES

There were 9,926 live births in San Joaquin County in 2000. The 1998 birth rate (the number of births per 1,000 women) in San Joaquin County was 15.7 per 1,000 population. This rate is slightly lower than the 1997 birth rate of 16.1.

Exhibit 37

Birth Rate,* San Joaquin County, 1997 and 1998	
1997	1998
16.1	15.7

Source: Department of Health Services, *Health Data Summaries for California Counties, 1998 and 2000*.

*Births per 1,000 women.

Hispanic women have the highest birth rates in the County, followed by African Americans. At 33.6 births per 1,000 population, the birth rate among Hispanic women is more than double the County average.

Exhibit 38

Live Births by Mother's Ethnicity, San Joaquin County, 2000		
Mother's Ethnicity	Number of Live Births	Birth Rate per 1,000 Population*
African American	728	20.1
Asian/Pacific Islander	1,225	18.5
Hispanic	4,192	24.4
Native American	43	12.2
Caucasian	3,551	13.3

Live Births by Mother's Ethnicity, San Joaquin County, 2000

Mother's Ethnicity	Number of Live Births	Birth Rate per 1,000 Population*
Two or More Races	23	1.1
Other/Unknown	164	N/A **
Total	9,926	17.6

Source: California Department of Health Services, Center for Health Statistics and California Department of Finance, Demographic Research Unit.

* 2000 population figures are from California Department of Finance, Demographic Research Unit

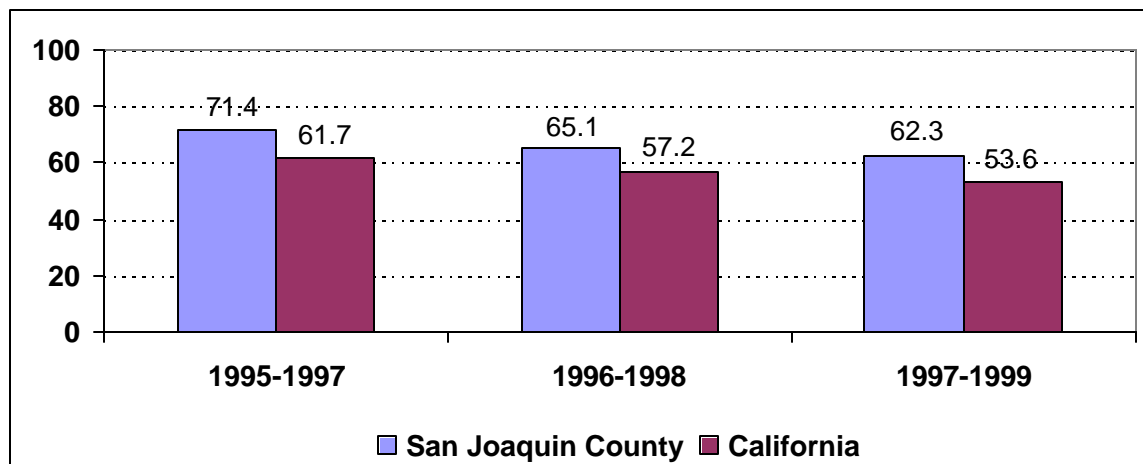
** The number of births was too low to be statistically significant.

BIRTHS TO ADOLESCENT MOTHERS

Children of adolescent mothers generally exhibit a higher rate of negative outcomes than children of adult mothers. In keeping with state and nationwide trends, the rate of births to adolescent mothers in San Joaquin County has declined in recent years. There were 1,380 births to adolescent mothers in San Joaquin County in 2000, representing 14% of all births. Although teen birth rates in San Joaquin County have declined in recent years, they remain higher than rates for California.

Exhibit 39

Live Births per 1,000 Adolescent Mothers 15 to 19 Years Old, San Joaquin County and California, in Three Year Averages 1995-1999

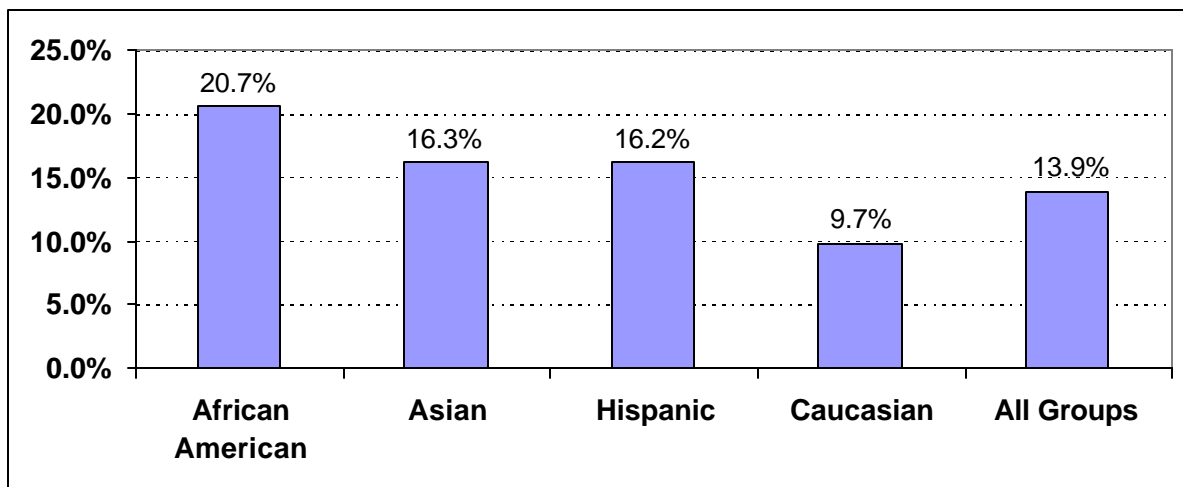


Source: California Department of Health Services, County Health Status Profiles, 1999, 2000 and 2001.

Births to adolescent mothers vary by ethnicity. Live births to adolescents account for 21% of all births to African-American mothers. That is followed by Asians/Pacific Islanders and Hispanics, among whom teens account for 16% of all live births (within each respective ethnic group).

Exhibit 40

Births to Adolescent Mothers (Under Age 20) as a Percentage of All Births by Maternal Race/Ethnicity, San Joaquin County, 2000

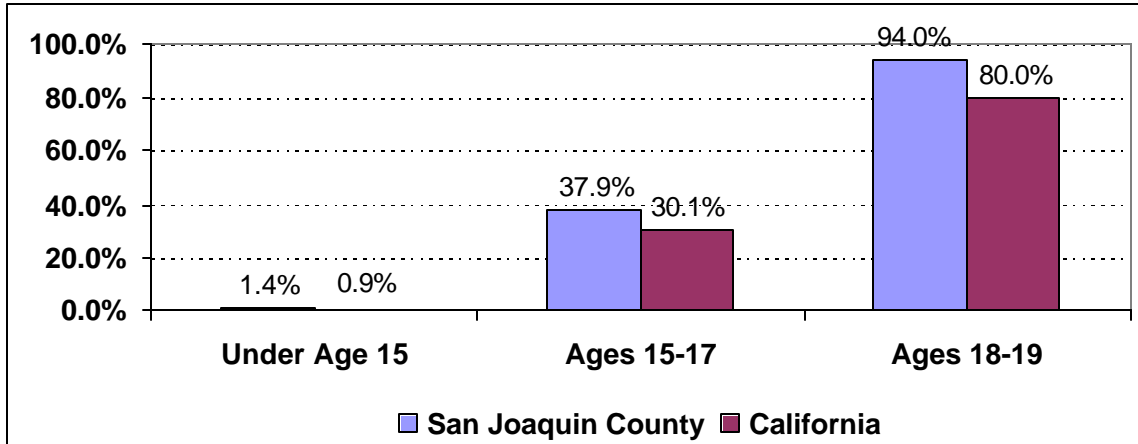


Source: Maternal, Child and Adolescent Health Programs, Family Health Division, San Joaquin County Public Health Services and California Department of Finance, Demographic Research Unit.

When broken down by mother's age, birth rates for adolescent mothers are higher in San Joaquin County than statewide.

Exhibit 41

Births to Adolescent Mothers by Age Group,* San Joaquin County and California, 1999



Source: Maternal, Child, and Adolescent Health Programs, Family Health Division, San Joaquin County Public Health Services.

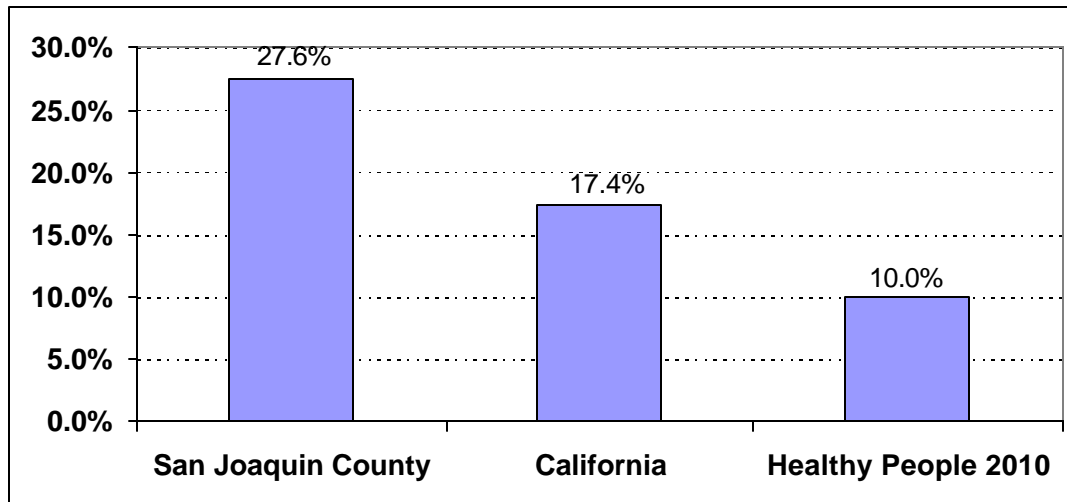
*Number of live births per 1,000 females in each age group.

ACCESS TO PRENATAL CARE

Early, comprehensive prenatal care can significantly reduce rates of infant and maternal illness and death. Pregnant women who do not receive early prenatal care are much more likely to give birth to an infant suffering from low birthweight, prematurity and/or other negative outcomes. San Joaquin County has very low rates of access to early prenatal care. Nearly 28% of women in the County do not access prenatal care during the first trimester of pregnancy, which is nearly three times higher than the Healthy People 2010 objective of 10%. These figures have remained constant over the last few years.

Exhibit 42

Prenatal Care Not Begun During the First Trimester*, San Joaquin County, California, and Healthy People 2010



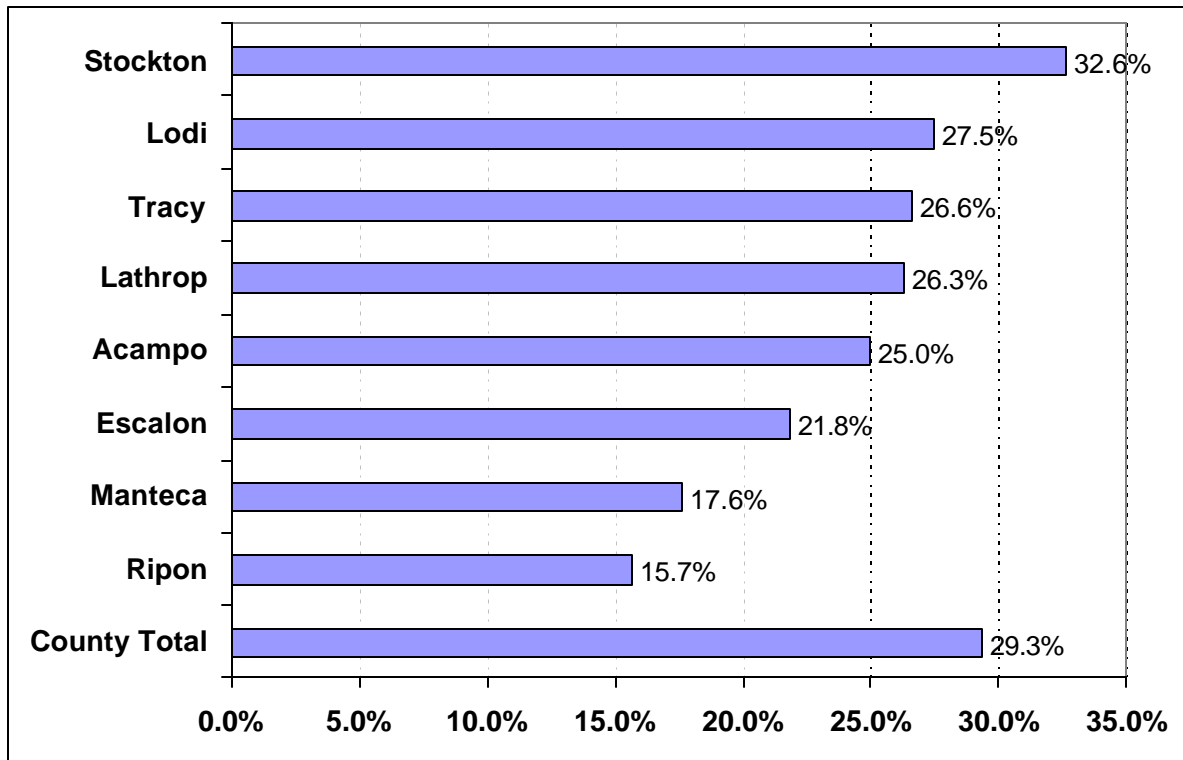
Source: California Department of Health Services, County Health Status Profiles, 2001.

* 1997-1999 births (average).

Access to prenatal care varies widely within San Joaquin County. The cities with the highest rates of low access to prenatal care are Stockton, Lodi, Tracy and Lathrop.

Exhibit 43

Percent Distribution of Late* or No Prenatal Care by City, San Joaquin County, 2000



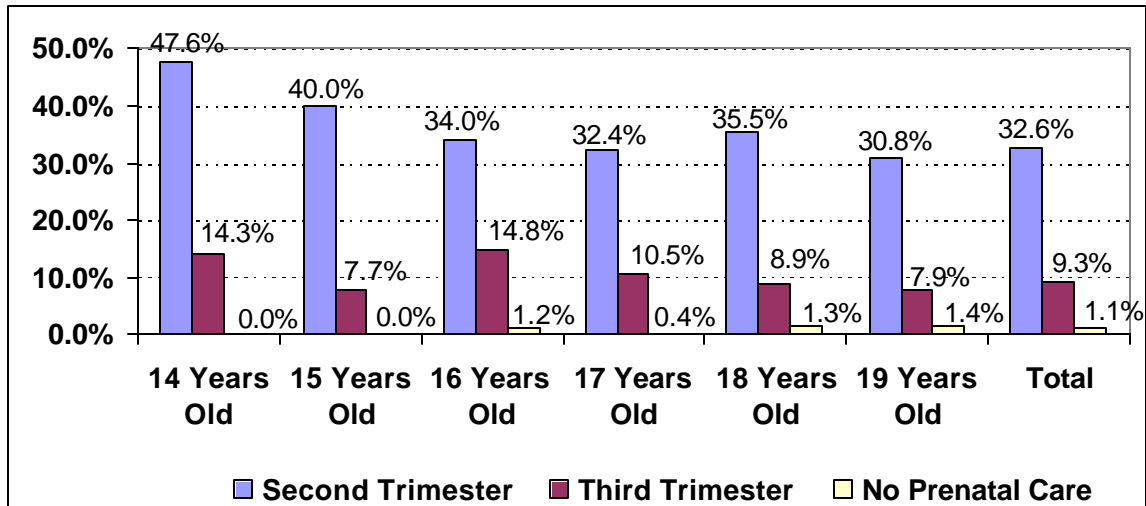
Source: Maternal, Child and Adolescent Health Programs, Family Health Division, San Joaquin County Public Health Services.

* Late refers to accessing care for the first time in the second or third trimester.

Rates of access to late prenatal care are lower still for adolescent mothers, 42% of whom do not receive prenatal care during the first trimester of pregnancy. Access to early prenatal care is alarmingly low among 14 and 15 year olds.

Exhibit 44

Access to Late* or No Prenatal Care by Adolescent Mothers, 19 Years Old and Under, San Joaquin County, 2000



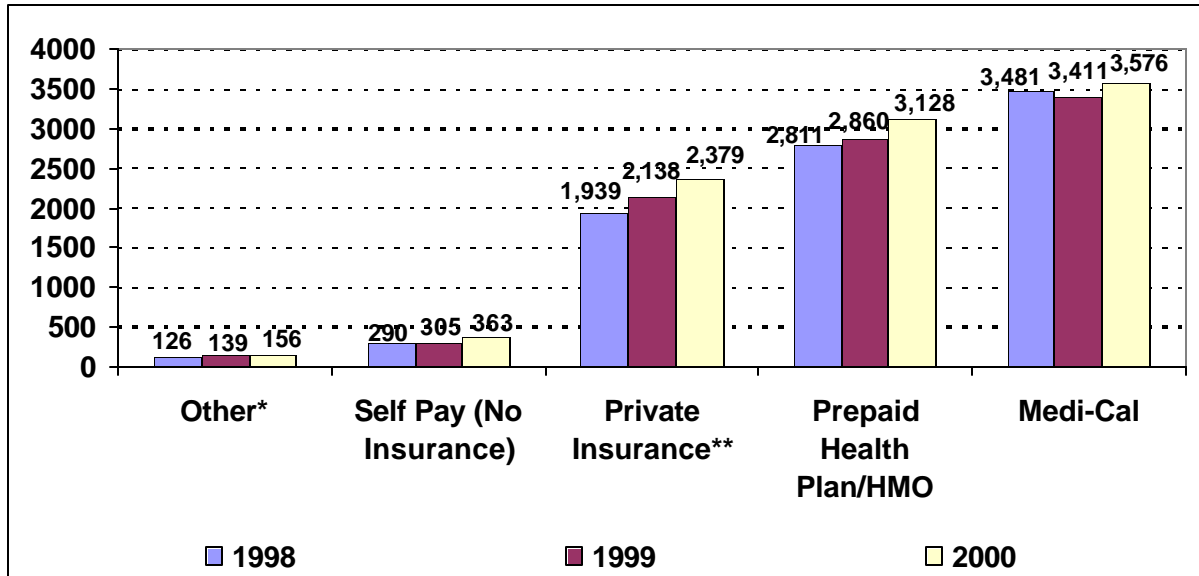
Source: Maternal, Child and Adolescent Health Programs, Family Health Division, San Joaquin County Public Health Services.

* Late refers to accessing care for the first time in the second or third trimester.

Medi-Cal is the principal source of payment for prenatal care for mothers of all ages, as well as for adolescent mothers, followed by HMOs and private insurance.

Exhibit 45

Principal Source of Payment for Prenatal Care, All Ages, San Joaquin County, 1998-2000



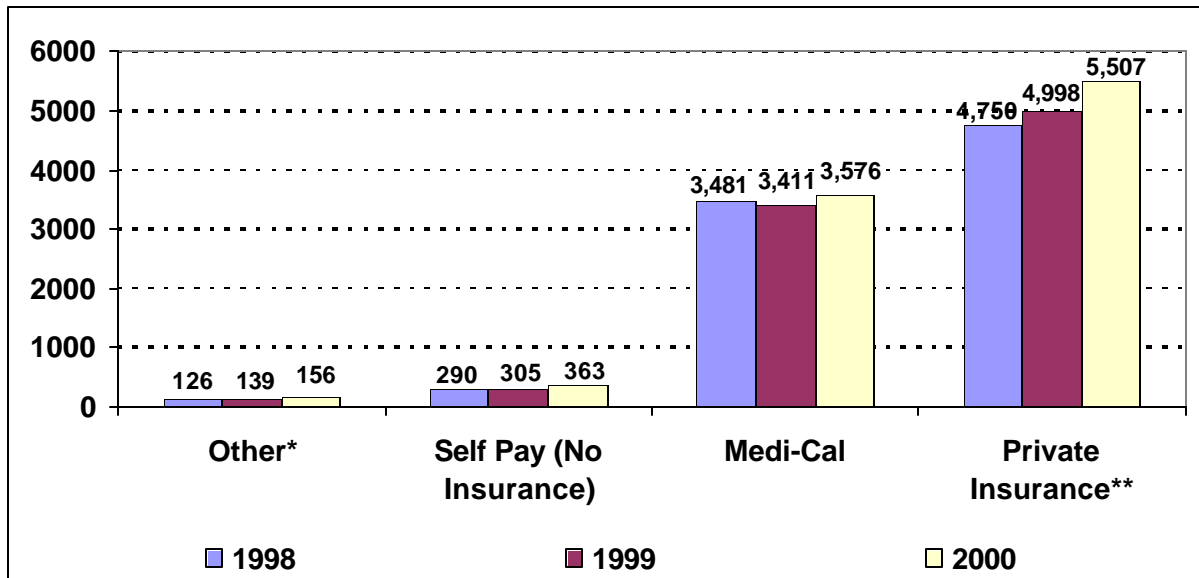
Source: Maternal, Child , and Adolescent Health Programs, San Joaquin County Public Health Services.

*Other includes Workers' Compensation, no prenatal care, no charge, unknown, Medi-Care, Medi Cal indigent and other government programs.

**Private insurance includes Blue Cross/Blue Shield.

Exhibit 46

Principal Source of Payment for Prenatal Care, All Ages, San Joaquin County, 1998-2000



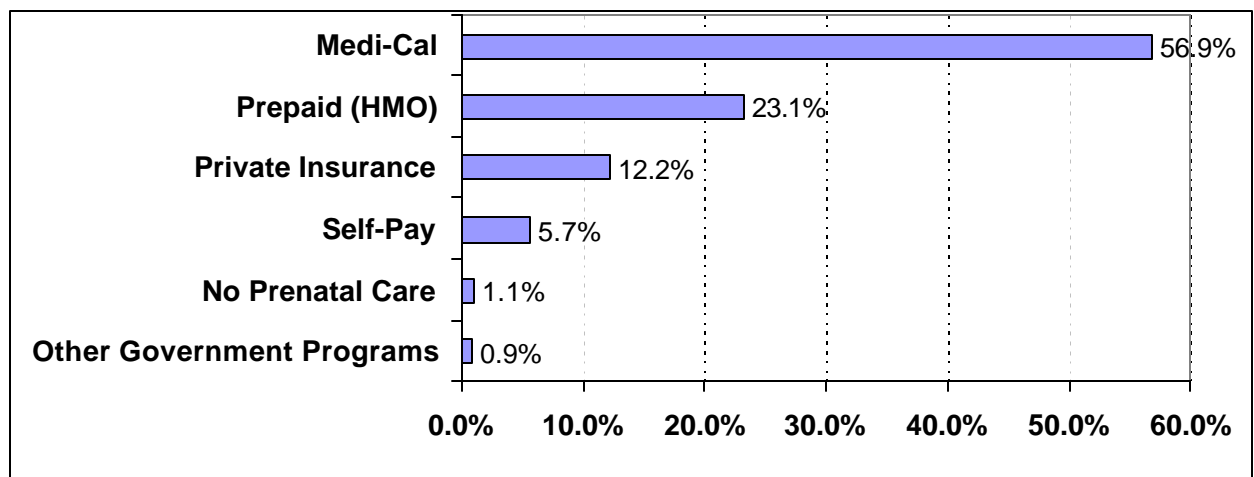
Source: Maternal, Child , and Adolescent Health Programs, San Joaquin County Public Health Services.

*Other includes Workers' Compensation, no prenatal care, no charge, unknown, Medi-Care, Medi Cal indigent and other government programs.

**Private insurance includes Blue Cross/Blue Shield and prepaid health plan/health maintenance programs.

Exhibit 47

Principal Source of Payment for Prenatal Care by Maternal Age 19 Years and Under, San Joaquin County, 2000



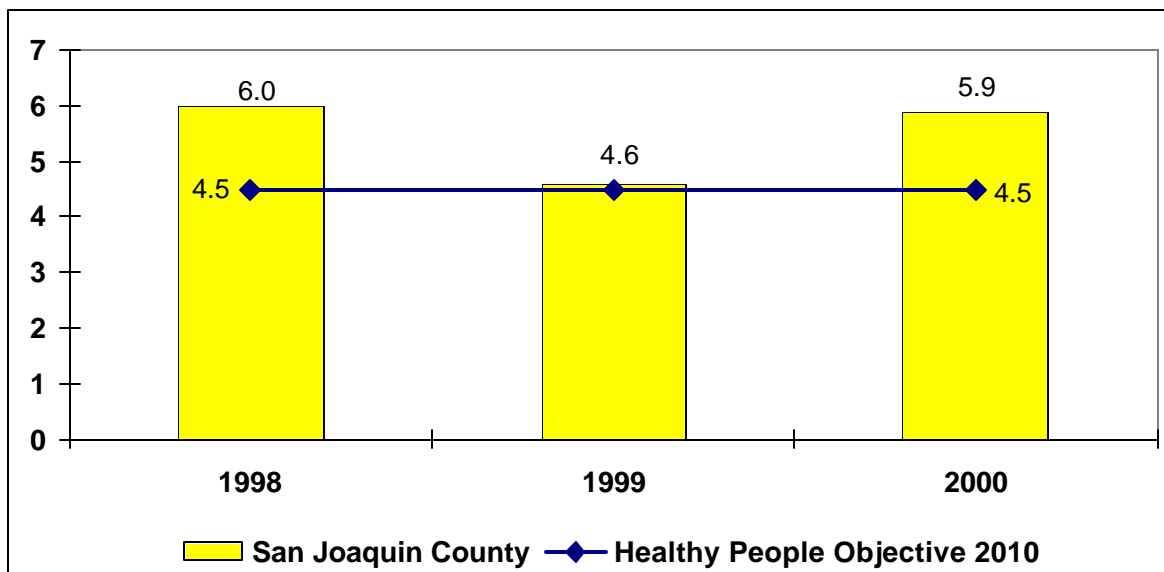
Source: Maternal, Child and Adolescent Health Programs, Family Health Division, San Joaquin County Public Health Services.

INFANT MORTALITY

Risk factors for infant death include a lack of prenatal care and low birthweight. Infant mortality rates in San Joaquin County dropped in 1999 and rose again in 2000. At 5.9 per 1,000 live births, those rates are above the Healthy People 2010 objective of 4.5.

Exhibit 48

Infant Deaths per 1,000 Live Births, San Joaquin County and Healthy People 2010 Objective, 1998-2000 *



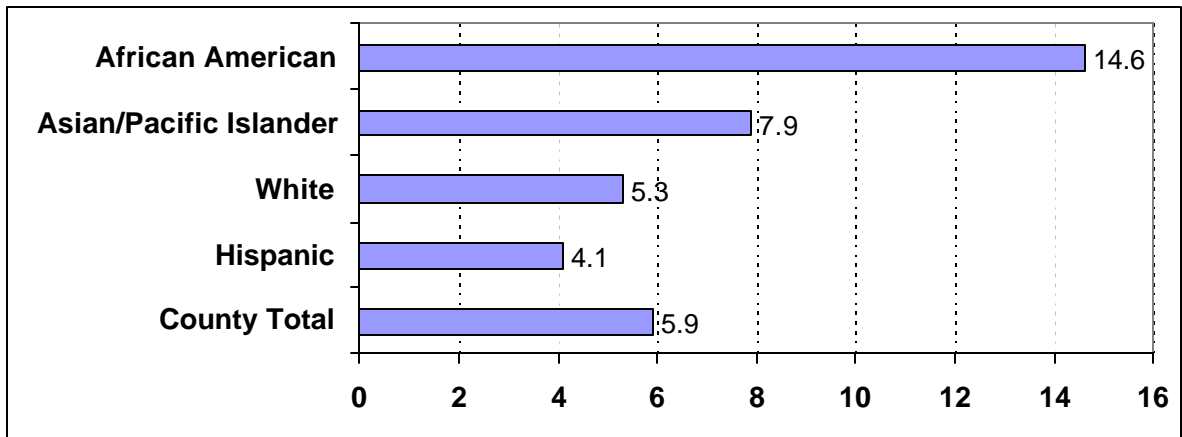
Source: Prepared by Maternal, Child and Adolescent Health Programs, San Joaquin County Public Health Services.

*2000 data is provisional as of 6/11/2001.

Infant mortality rates vary by ethnicity. Rates for African Americans are over twice as high as County averages, while Asian/Pacific Islanders also exhibit very high rates of infant mortality.

Exhibit 49

Infant Mortality per 1,000 Live Births by Race, San Joaquin County, 2000

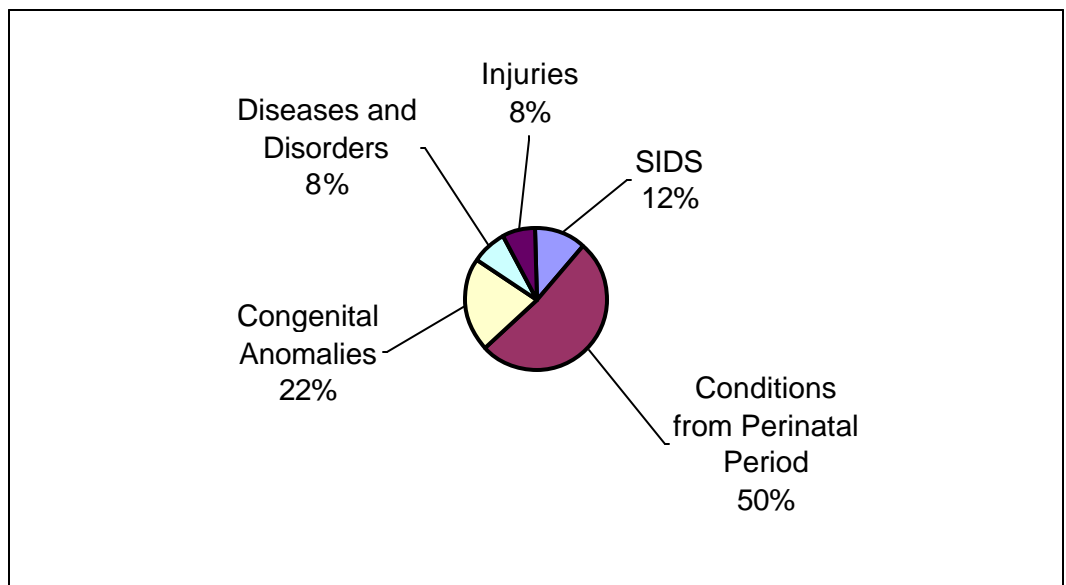


Source: Maternal, Child and Adolescent Health Programs, San Joaquin County Public Health Services.

Conditions from the perinatal period account for half of all infant deaths, followed by congenital anomalies (22%) and SIDS (12%).

Exhibit 50

Infant Mortality by Cause of Death*, San Joaquin County, 2000



Source: Maternal, Child and Adolescent Health Programs, San Joaquin County Public Health Services.

* Provisional data as of 3/31/2001.

LOW BIRTHWEIGHT INFANTS

Low birthweight infants are at higher risk for physical and developmental complications, as well as death. Low birthweight is associated with late or no prenatal care, poor maternal nutrition, maternal smoking, premature delivery, among others. The rate of low birthweight infants in San Joaquin County was 5.5% in 1999, slightly lower than the rate for California. Of those, 4.4% were low birthweight (1,500-2,499 grams), while 1.1% were very low birthweight, or under 1,500 grams at birth.

Exhibit 51

Low and Very Low Birthweight Infants, San Joaquin County and California, 1999				
	Very Low Birthweight (<1,500 grams)	% Of Live Births	Low Birthweight (1,500-2,499 grams)	% Of Live Births
San Joaquin County	99	1.1%	393	4.4%
California	5,950	1.1%	25,736	5.0%

Source: California Department of Health Services, Center for Health Statistics.

Exhibit 52

Number of Low Birth Weight Births by City, San Joaquin County, 1998-2000*						
City/Region	1998		1999		2000	
	Low Birth Weight Babies	% of Total Live Births	Low Birth Weight Babies	% of Total Live Births	Low Birth Weight Babies	% of Total Live Births
Escalon	2	1.3%	3	2.0%	11	8.9%
Lathrop	8	5.6%	3	1.8%	13	6.7%
Lodi	59	6.1%	64	6.1%	63	5.8%

Number of Low Birth Weight Births by City, San Joaquin County, 1998-2000*						
City/Region	1998		1999		2000	
	Low Birth Weight Babies	% of Total Live Births	Low Birth Weight Babies	% of Total Live Births	Low Birth Weight Babies	% of Total Live Births
Manteca	43	5.3%	26	3.3%	40	4.8%
Ripon	6	3.8%	7	4.3%	4	2.4%
Stockton	359	7.1%	325	6.3%	390	6.8%
Tracy	61	5.9%	44	4.2%	70	5.9%
Unincorporated Areas	5	6.7%	3	3.8%	6	9.5%
Acampo	6	7.2%	7	10.0%	5	6.0%
Linden	1	2.0%	0	0.0%	3	5.3%
Lockeford	0	0.0%	5	12.2%	2	6.1%
Thorton	2	11.1%	0	0.0%	0	0.0%
Victor	0	0.0%	0	0.0%	0	0.0%
Woodbridge	2	5.0%	4	8.9%	3	6.3%
Unidentified	0	0.0%	1	3.8%	0	0.0%
Total	554	6.4%	492	5.6%	610	6.4%

Source: Maternal, Child and Adolescent Health Programs, Family Health Division, San Joaquin County Public Health Services.

* Provisional data as of April 30, 2001.

FAMILY SAFETY

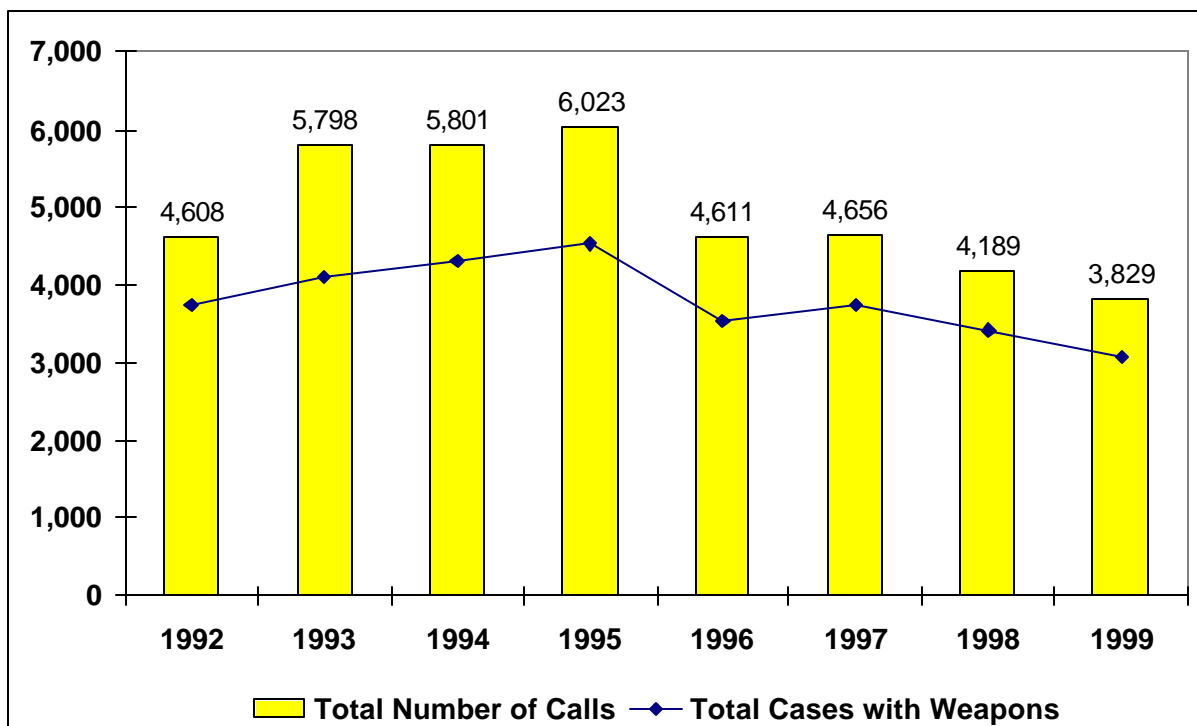
DOMESTIC VIOLENCE

Domestic violence affects families at many levels. Its impacts range from psychological trauma to young children, to the dissolution of families and even homelessness. While it is difficult to gauge the true extent of domestic violence, the number of calls for assistance is a principal indicator.

The number of calls for assistance for domestic violence fell to 3,829 in 1999, from a high of 6,023 in 1995. Approximately 77% of domestic violence related calls involved weapons during the period 1992-1999. These figures should be interpreted with care, however, since changes in the number of calls for assistance are not necessarily reflective of the true extent of this problem.

Exhibit 53

Domestic Violence Related Calls for Assistance, San Joaquin County, 1992-1999



Source: California Department of Justice, Statistics Center.

Domestic violence related calls vary by city within San Joaquin County. Stockton has the highest rate, with 85.4 calls per 10,000 population, followed by Manteca at 80.6 calls.

Exhibit 54

Domestic Violence Related Calls for Assistance by City, San Joaquin County, 1999			
City	Number of Calls	Rate of calls per 10,000 Population	Percent of Calls Involving a Weapon
Escalon	23	38.6	78.3%
Lodi	137	24.0	44.5%
Manteca	397	80.6	81.6%
Ripon	17	16.8	82.4%
Stockton	2,083	85.4	100.0%
Tracy	351	61.7	7.7%

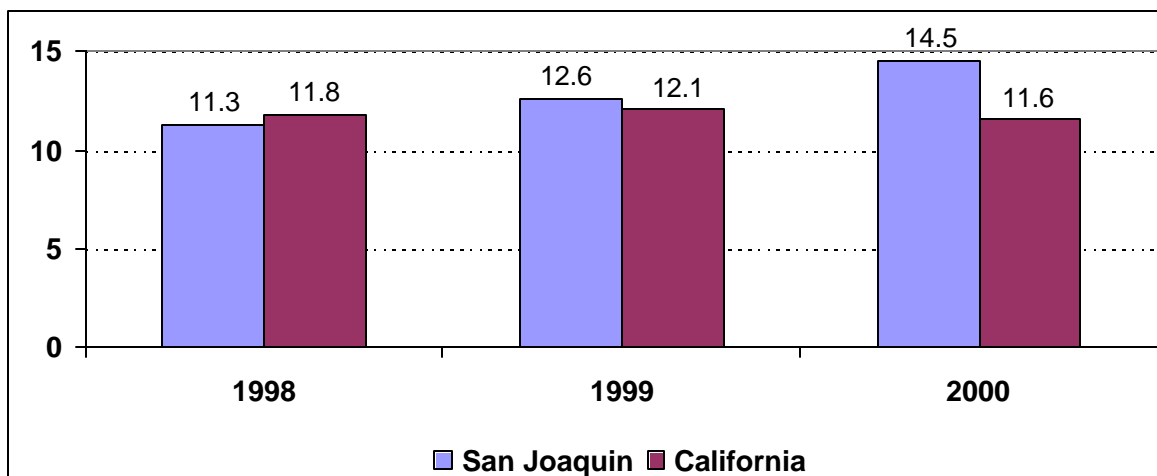
Source: California Department of Justice, Statistics Center.

CHILD ABUSE

Child abuse data indicate immediate and future problems of violence. Research indicates that children who are victims of child abuse are at high risk of becoming perpetrators of abuse later in life. Child abuse victims are also more likely to commit crimes as juveniles. It should be noted that child abuse rates are likely to be lower than the actual occurrences. The rate of substantiated child abuse in San Joaquin County rose between 1998-2000. At 14.5 per 1,000 children in 2000, the rate of substantiated child abuse in San Joaquin County is significantly higher than California, with a rate of 11.6 substantiated cases per 1,000 children.

Exhibit 55

Children with Maltreatment, Substantiated Cases per 1,000 Children, 1998-2000



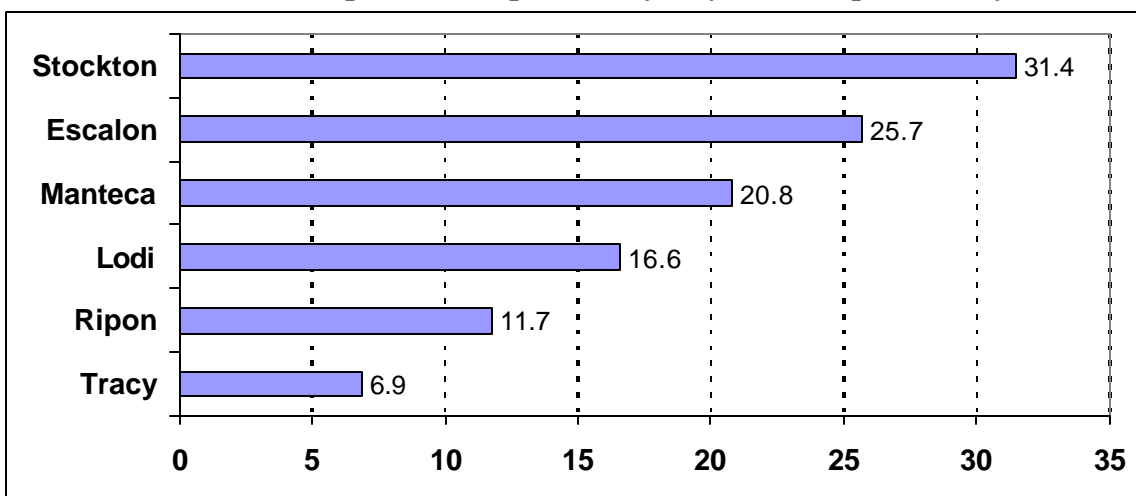
Source: Needell, B., D. Webster, S. Cuccaro-Alamin, M. Armijo, S. Lee, A. Brookhart, & B. Lery (2001). *Performance Indicators for Child Welfare in California*.

*Due to duplication of children across counties, statewide total is not equal to sum of all counties

Child abuse referral rates vary by city within San Joaquin County. The highest referral rates per 1,000 population are found in Stockton, followed by Escalon and Manteca.

Exhibit 56

Child Abuse Referrals per 1,000 Population by City, San Joaquin County, 2000*



Source: San Joaquin Human Services Agency, CWS/CMS and U.S. Census Bureau, 2000.

* Note: Rates are per 1,000 population, not 1,000 children.

** One referral can include multiple children, as well as multiple allegations regarding the same child.

FOSTER CARE

There were 1,365 children in foster care in San Joaquin County in 2000, down from 1,686 in 1990. The rate of children in foster care in San Joaquin County has declined during the past decade, from 11.1 per 1,000 children in 1990 to 7.5 per 1,000 children in 2000. The rate of children in foster care has remained constant during the past three years, at approximately 7.5 per 1,000 children. These rates are considerably lower than the average rate of 10.1 per 1,000 children in California during the period 1998-2000.

Exhibit 57

Children Under Age 19 in Foster Care per 1,000 Children, San Joaquin County and California, 1998-2000			
	1998	1999	2000
	Prevalence Rates per 1,000 Children	Prevalence Rates per 1,000 Children	Prevalence Rates per 1,000 Children
San Joaquin	7.5	7.3	7.5
California	10.5	10.3	9.5

Source: Child Welfare Research Center, University of California, Berkeley, *Performance Indicators for Child Welfare Services in California*.

Exhibit 58

First Entries in to Foster Care by Age, San Joaquin County, 1996-1999								
Ages	1996	% of Total	1997	% of Total	1998	% of Total	1999	% of Total
<1	115	29.5%	110	24.3%	124	19.3%	135	22.3%
1-5	144	36.9%	152	33.6%	244	37.9%	209	34.9%
6-10	79	20.3%	111	24.6%	144	22.4%	146	24.4%
11-15	44	11.3%	70	15.5%	110	17.1%	92	15.4%
16-17	9	2.3%	9	2.0%	22	3.4%	16	2.7%
Total	391		452		644		598	

Source: Child Welfare Research Center, University of California, Berkeley, *Performance Indicators for Child Welfare Services in California*.

The relative majority of children ages 0 to 5 in foster care are placed in Foster Family Agency-Certified Homes (36%), followed by Relative Homes (34%) and Foster Family Homes which are certified by the county (25%). Of children ages 0 to 5, the age group most represented are the youngest children (ages 0 to 1).

Exhibit 59

Children in Foster Care by Age and Placement Type, A Moment in Time, Joaquin County, September 17, 2001					San
Placement	Age of Child				
	0-1 Years	1-2 Years	2-3 Years	3-4 Years	4-5 Years
County Shelter/Receiving Home (Non EA/AFDC)	6	1	2	3	1
Court Specified Home	0	0	0	0	1
Foster Family Agency-Certified Home	35	35	40	32	38
Foster Family Home	57	21	16	15	14
Group Home	0	0	0	0	0
Guardian Home	0	1	4	0	7
Relative Home	47	24	29	33	35
Small Family Home	1	1	1	0	0
Tribe Specified Home	0	0	0	0	0
Total	146	83	92	83	96

Source: San Joaquin County Human Services Agency, Children's Services.

CHILD CARE

AVAILABILITY

Child care is an important part of the overall health of San Joaquin County. There are 783 permanent licensed child care providers in San Joaquin County, with an estimated 16,000 slots for children of all ages. There are an additional 21 seasonal child care centers, with approximately 850 slots.

Exhibit 60

Number of Licensed/Organized Full-Day Care Spaces, San Joaquin County		
Type of Setting	Number	Total Spaces
Family Child Care Home	616	4,314-5,546*
Private Centers	72	5418
Subsidized Public Centers	34	2256
School Age Parenting and Infant Development (SAPID) Centers***	(7)	(129)
Migrant Centers (seasonal)	(14)	(724)
School-Age License-Exempt	61	3416
Total	783**	15,404-16,636**

Source: The San Joaquin County Local Child Care Planning Council, *Status of Child Care and Development Services, San Joaquin County*, June 2000.

* Estimated range of low and high family child care capacity.

** Does not include seasonal migrant or SAPID (School Age Parenting and Infant Development) program figures.

*** "Programs that are provided on school campus do not have to meet State Title 22 licensing standards and, unless they are funded through the California Department of Education, i.e., the School Age Parenting and Infant Development (SAPID) program, are not required to follow Department of Education child development regulations (Title 5) regarding space, staff qualifications and services."

NEED

San Joaquin County can meet only approximately 25% of the demand for child care. With approximately 1,600 slots for children ages 0-3, and an estimated demand of between 5,600 and 7,500, there is a gap of between 4,000 and 5,800 child care slots for children 0-3. As seen in the following exhibit, Central County (Stockton) comprises the majority of the unmet need for childcare, followed by North and then South County. Additionally, there are approximately 5,000 children on the waiting list for child care through the Family Resource and Referral Center, which helps parents access low-cost child care. Note that this figure may include some duplication among CalWORKs recipients who are eligible for subsidized child care.

Exhibit 61

Estimate of Unmet Need for Licensed Care, Children 0-3 Years*, San Joaquin County, 2000				
Region	# Needing Licensed Care**	Estimated Licensed Spaces***	Gap	% of Demand That Can be Met
Thorton	30-40	0	30-40	0%
Woodbridge	52-69	12	40-57	20%
Lodi	590-784	138	452-646	20%
Acampo	49-66	0	49-66	0%
Lockeford	31-42	6	25-36	16%
Clements	34-45	14	20-31	35%
Linden	23-31	2	21-29	7%
<i>Total North County</i>	<i>809-1,077</i>	<i>172</i>	<i>637-905</i>	<i>18%</i>
<i>Central County</i>	<i>2,981-3,960</i>	<i>819</i>	<i>2,162-3,141</i>	<i>24%</i>
French Camp	28-36	30	0-6	94%
Holt	13-18	2	11-16	13%

Estimate of Unmet Need for Licensed Care, Children 0-3 Years*, San Joaquin County, 2000

Region	# Needing Licensed Care**	Estimated Licensed Spaces***	Gap	% of Demand That Can be Met
Escalon	134-178	34	100-144	22%
Ripon	188-250	34	154-216	15%
Manteca	699-917	182	517-735	25%
Lathrop	70-94	34	36-60	42%
Tracy	678-901	336	342-565	43%
<i>Total South County</i>	<i>1,831-2,433</i>	<i>652</i>	<i>1,179-1,781</i>	<i>71%</i>
County Wide	5,622-7,470	1,643	3,979-5,827	25%

Source: The San Joaquin County Local Child Care Planning Council, *Status of Child Care and Development Services, San Joaquin County*, June 2000.

* Since this data was collected by census tract, the numbers that correspond with the different cities are estimated.

** Low figure indicates estimated demand at current resource level; high figure indicates estimated demand if adequate spaces and financial resources to pay for care were available.

*** Includes private and subsidized centers/programs, but does not include migrant or respite child care or part-day or subsidized licensed programs.

COST

The cost of child care comprises between 8 and 27 percent of median family income in San Joaquin County, depending on the number of children requiring care. However, since these estimates are based on median family income and up to two children requiring care, the cost of child care as a percentage of household income can be significantly higher for lower-income families with more than two children requiring child care.

Exhibit 62

Annual Cost of Licensed Child Care as a Proportion of San Joaquin County's Median Family Income*		
Age/Number of Children	Cost Per Year	Percent of Family Income
One Infant	\$5,355 - \$7,124	12% - 16%
One Pre School Child	\$4,692 - \$4,947	10% - 11%
One School-Age Child	\$3,664 - \$3,778	8% - 9%
One Infant + One Preschooler	\$10,047 - \$12,071	23% - 27%

Source: The San Joaquin County Local Child Care Planning Council, *Status of Child Care and Development Services, San Joaquin County*, June 2000.

*Median Family Income: \$44,300 (1999 HUD estimate).

Appendix B: Focus Group Findings

As part of the Commission's strategic planning process, focus groups were conducted throughout the county with professionals who work with children 0 to 5 and parents of these children. These focus groups took place with already established groups. The groups conducted were as follows:

- (1) Child Care – A focus group was conducted with the Local Child Care Planning Council;
- (2) Family Safety Issues – A focus group was conducted with the Children's Commission;
and
- (3) Children's Health – A focus group was conducted with the Family Health Leadership Council.

A total of 62 participants were present at these three groups.

The purpose of these focus groups was to help the Commission better understand:

- (1) Service gaps;
- (2) Barriers to accessing services;
- (3) Effective service delivery models; and
- (4) Suggested priorities for the Commission.

This report presents the findings from the three focus groups that were conducted.

SERVICE GAPS

Participants were asked to comment on gaps in existing services in order to help the Commission identify services that it could prioritize in its funding allocations. There were two service gaps that all three groups focused upon. These were:

- *Early mental health services* – Services are not available to young children with mental health needs.
- *Services for smaller communities and rural areas* – Participants discussed various types of services that are not available in the more rural areas of the county, including respite care.

Other services that participants thought were lacking included:

- Child care for special needs children;
- Dental services;
- Injury prevention services;
- Nutrition education for parents;
- Parenting assistance for developmentally disabled parents; and
- Subsidized child care.

BARRIERS TO ACCESSING SERVICES

Participants in all three groups overwhelmingly agreed upon two barriers to accessing existing services. These were:

- *Language and other cultural issues* – Participants were unanimous in their belief that many residents of the county do not access existing services because the services are not available in their preferred language. Further, service providers are not always familiar with the distinct issues that cultural groups may face, which makes residents reluctant to utilize existing services.
- *Transportation* – All participants agreed that transportation was a major barrier in accessing services. They stated that this was a particular problem in the rural areas, but that it is also a problem within the city of Stockton.

EFFECTIVE SERVICE MODELS

Participants were asked to identify service delivery strategies that they believed to be particularly effective. There were three service delivery strategies upon which participants agreed. They were as follows:

- *Case management services* – Participants stated that case management has been proven effective at meeting parents' needs.
- *Services available at non-traditional hours* – Participants agreed that parents are receptive to services that are available in the evening hours and during the weekend.
- *Services available through neighborhood centers* – Decentralizing services was cited as a highly effective way of reaching populations that may not otherwise access services. Neighborhood centers were named as a method for decentralizing services.

PRIORITIES

Participants' suggestions for priorities differed across the focus groups and tended to reflect the particular issues affecting their professional sphere, as might be expected. Participants' recommended priorities are presented below; the groups to which the suggestions correspond are also noted.

- *Education and outreach regarding available services and their importance* – Two of the groups felt that there are many services available, but that parents often do not know about these services. Further, parents are often unaware of the importance of these services and thus exhibit limited motivation to find important services.
(Focus Groups: Children's Health and Family Safety)

- *Increased funding for collaborative efforts* – Participants felt that there is a significant desire and impetus for increasing collaborative efforts between public and nonprofits agencies, but that there is often inadequate funding available for these collaborative efforts.
(Focus Group: Family Safety)
- *Integrating services through child care* – As many parents use child care, participants felt that child care services could be a vehicle through which parents access other services and learn about issues affecting their children’s well-being.
(Focus Group: Family Safety)
- *Prenatal care* – Prenatal care was understood to be the building block for parents to ensure their children’s healthy development; after accessing prenatal care, providers could then facilitate parents’ access to other necessary services.
(Focus group: Children’s Health)
- *Professionalize the child care industry* – Considering that high quality child care is often paramount to children’s well-being, participants felt that increasing the skills of child care providers was an imperative.
(Focus Group: Child Care)

Appendix C: Budget Detail

	2002-3	2003-4	2004-5	2005-6	2006-7	2007-8	2008-9	2009-10	2010-11	2011-12
Beginning Balance	22,990	18,075	13,183	8,332	5,336	-	-	-	-	-
Income										
State allocation	7,600	7,220	6,859	6,516	6,190	5,881	5,587	5,307	5,042	4,790
Interest income	805	633	461	292	187	-	-	-	-	-
Total Income	8,405	7,853	7,320	6,808	6,377	5,881	5,587	5,307	5,042	4,790
Expenditures										
Administration	500	500	500	500	500	500	500	500	500	500
Reserve Allocation	1,520	1,444	1,372	1,303	1,238	1,176	1,117	1,061	1,008	958
Round 1 & 2	3,000	500	-	-	-	-	-	-	-	-
Initiatives	7,000	9,000	9,000	7,000	7,000	6,000	6,000	6,000	5,000	5,000
Mini-grants	500	500	500	500	500	500	500	500	500	500
Capital	500	500	500	500	500	500	500	500	500	500
Matching	300	300	300							
Subtotal Program	11,300	10,800	10,300	8,000	8,000	7,000	7,000	7,000	6,000	6,000
Total Expenditures	13,320	12,744	12,172	9,803	9,738	8,676	8,617	8,561	7,508	7,458
Ending balance	18,075	13,183	8,332	5,336	1,975	(2,795)	(3,031)	(3,254)	(2,466)	(2,668)
Reserve	7,516	9,261	11,003	12,746	16,469	15,509	14,216	12,592	11,638	10,393
	2002-3	2003-4	2004-5	2005-6	2006-7	2007-8	2008-9	2009-10	2010-11	2011-12
Program Spending	11300	10800	10300	8000	8000	7000	7000	7000	6000	6000
Reserve	7516	9261	11003	12746	16469	15509	14216	12592	11638	10393